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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s) *Hiromichi Nakata*

10517/191

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓					
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Total Depend	16	←	←	←		
Total Claims	18					

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Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims					

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